



LOCK REMOVAL FORM

Under no circumstances should an employee's lock be removed from a piece of equipment without first attempting to contact the employee and having them return to the site to remove it themselves. If these efforts fail, fill out the information on this form and turn it in to the Safety Manager. Make a copy of the completed form for the site Superintendent.

Equipment Locked Out: _____

Reason for Lockout: _____

Date of Lock Removal: ____/____/____

INFORMATION ON EMPLOYEE WHOSE LOCK MUST BE REMOVED

Name: _____

Last Shift Worked: _____

Contractor's Company (if applicable): _____

Have all attempts been made to contact the employee? YES NO

If the employee was contacted and is not returning to remove the lock, explain WHY?

If the lock must be removed, has it been determined that it is safe to remove?

YES NO If NO, DO NOT REMOVE THE LOCK!

Have all affected employees been notified that the lock will be removed?

YES NO If NO, DO NOT REMOVE THE LOCK!

Employee Removing the Lock: _____

Supervisor's Approval: _____

FOLLOW-UP CONFERENCE WITH THE EMPLOYEE:

Employee's Signature: _____ Date: ____/____/____

Supervisor's Signature: _____ Date: ____/____/____

Superintendent's Signature: _____ Date: ____/____/____



Corrective Actions (attach extra sheet if necessary):